

In re **MIDWEST THEATRES CORPORATION**Case No. **10-46834**

Debtor

## SUPPLEMENTAL SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	H U S B A N D  W I F E  J O I N T  C O M M U N I T Y	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No.			<b>LOANS</b>				
<b>SIEVE, BRYAN J. 6957 MAGDA DRIVE MAPLE GROVE, MN 55369</b>		-					<b>48,477.15</b>
Account No.			<b>LOANS</b>				
<b>SIEVE, JOHN A. 1822 S. SHORE DRIVE WORTHINGTON, MN 56187</b>		-					<b>112,562.84</b>
Account No.			<b>LOANS</b>				
<b>TRIPP, STEVEN L. 6945 MAGDA DRIVE MAPLE GROVE, MN 55369</b>		-					<b>71,208.65</b>
Account No.							
Subtotal (Total of this page)							<b>232,248.64</b>
Total (Report on Summary of Schedules)							<b>232,248.64</b>

0 continuation sheets attached

UNITED STATES BANKRUPTCY COURT  
DISTRICT OF MINNESOTA

In re:

**MIDWEST THEATRES CORPORATION**

Debtor(s).

**SIGNATURE DECLARATION**

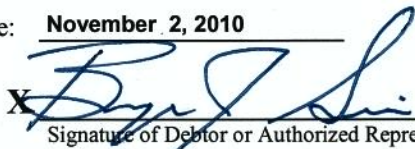
Case No. 10-46834

- ☐ PETITION, SCHEDULES & STATEMENTS  
☐ CHAPTER 13 PLAN  
☐ SCHEDULES AND STATEMENTS ACCOMPANYING VERIFIED CONVERSION  
☐ AMENDMENT TO PETITION, SCHEDULES & STATEMENTS  
☐ MODIFIED CHAPTER 13 PLAN  
☒ OTHER (Please describe: **SUPPLEMENTAL SCHEDULE F & AMENDED STATEMENT OF FINANCIAL AFFAIRS**)

I [We], the undersigned debtor(s) or authorized representative of the debtor, *make the following declarations under penalty of perjury:*

- The information I have given my attorney and provided in the electronically filed petition, statements, schedules, amendments, and/or chapter 13 plan, as indicated above, is true and correct;
- The information provided in the "Debtor Information Pages" submitted as a part of the electronic commencement of the above-referenced case is true and correct;
- **[individual debtors only]** If no Social Security Number is included in the "Debtor Information Pages" submitted as a part of the electronic commencement of the above-referenced case, it is because I do not have a Social Security Number;
- I consent to my attorney electronically filing with the United States Bankruptcy Court my petition, statements and schedules, amendments, and/or chapter 13 plan, as indicated above, together with a scanned image of this Signature Declaration and the completed "Debtor Information Pages," if applicable; and
- **[corporate and partnership debtors only]** I have been authorized to file this petition on behalf of the debtor.

Date: November 2, 2010

X   
Signature of Debtor or Authorized Representative

X \_\_\_\_\_  
Signature of Joint Debtor

**BRYAN J. SIEVE**  
Printed Name of Debtor or Authorized Representative

\_\_\_\_\_  
Printed Name of Joint Debtor

Form ERS 1 (Rev. 10/03)

SIEVE, BRYAN J.  
6957 MAGDA DRIVE  
MAPLE GROVE MN 55369

SIEVE, JOHN A.  
1822 S. SHORE DRIVE  
WORTHINGTON MN 56187

TRIPP, STEVEN L.  
6945 MAGDA DRIVE  
MAPLE GROVE MN 55369

**UNITED STATES BANKRUPTCY COURT  
DISTRICT OF MINNESOTA**

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In re:

Case No. 10-46834

MIDWEST THEATRES CORPORATION,

Chapter 11

Debtor.

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**UNSWORN CERTIFICATE OF SERVICE**

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I, Michael F. McGrath, declare under penalty of perjury that on November 4, 2010, I filed the following:

1. Supplemental Schedule F;

with the Clerk of Bankruptcy Court through ECF and that ECF will send an e-notice of the electronic filing to the chapter 11 service list; and that true and correct copies were served by U.S. Mail by sending a copy to each party addressed as follows:

Bryan J. Sieve  
6957 Magda Drive  
Maple Grove, MN 55369

John A. Sieve  
1822 S. Shore Drive  
Worthington, MN 56187

Steven L. Tripp  
6945 Magda Drive  
Maple Grove, MN 55369

Executed on: November 4, 2010

/e/ Michael F. McGrath, #168610